

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

36152

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 17

Registration District No. 2  
 Primary Registration District No. 1003

Registered No. 9729

(d) Street No. 2831 Laclede  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pearl Bishop

(a) Residence, No. 2831 Laclede Ave. St. 21  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Negro  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bishop  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1889  
 7. AGE YEARS 48 MONTHS 0 DAYS 28  
 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City fireman  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

13. NAME Taylor Bishop

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emma Williams

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Anna Bishop  
 (ADDRESS) 2831 Laclede

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jefferson Barracks Oct. 20, 1937

19. FUNERAL DIRECTOR A. Russell Undertaking Co.  
 (ADDRESS) 2732 Pine Street

20. FILED OCT 20 1937 J. T. Predeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/37

22. I HEREBY CERTIFY, That I attended deceased from 9/18/37 to 10/15/37  
 I last saw him alive on 10/15/37 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chron. Myocarditis  
1 1/2 yrs ago

Other contributory causes of importance: 93CName of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) D. J. T. Ryan, M. D.(Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**